

In the District Court of the State of Washington for Lewis County

Small Claim Department

Certificate/Proof of Service

Small Claim Case No. _____

(Complete and file this form with the District Court Small Claim Court no later than on the day and time of the return date)

I, the undersigned, certify that I was at the time of the service of the notice in the above numbered claim a resident of the State of Washington, over the age of eighteen (18) years and not a party to the above numbered claim.

* A party to the claim is allowed to complete Service by Mail.

Personal Service

I served the notice of claim by delivering a true copy of it to each defendant personally in Lewis County, State of Washington, as shown below:

Name of Defendant	Address Where Served	Date of Service
_____	_____	_____
_____	_____	_____

Substitute Service

I served the Notice of Claim upon defendant _____
in Lewis County, State of Washington, by then and there leaving a true copy of it on _____,
20 ____, at his place of residence at _____
with _____, a person residing there and over 12 years of age.
(Name)

Service by Mail

I served the Notice of Claim by depositing in the United States Post Office located at _____
_____, Washington, on _____, a true copy of the Notice
enclosed in a sealed envelope addressed to the defendant _____
at _____. Said envelope had adequate postage and was
sent: ☐ Registered Mail-Restricted Delivery-Return Receipt Requested
☐ Certified Mail-Restricted Delivery-Return Receipt Requested

Fee-Personal Service \$ _____ Fee-Substitute Service \$ _____ Fee-Postage \$ _____

I declare under penalty of perjury that the above is true and correct.

Dated: _____

Signature of Server

Address of Server

Phone Number of Server